

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/536,691
	Filing Date	Aug. 31, 2004
	First Named Inventor	Villena et al.
	Title	Automatic evaluation system using specialized...
	Art Unit	3689
	Examiner Name	RUHL, DENNIS WILLIAM
	Attorney Docket Number	Homexperts-691

I hereby revoke all previous powers of attorney given in the above-identified application.

- ☐ A Power of Attorney is submitted herewith.
- OR**
- ☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
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- OR**
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Homexperts, Attn: William Kennedy		
Address	10700 N Kendall Dr., Suite 401		
City	Miami	State	FL Zip 33176
Country	USA		
Telephone	(305) 527-3353	Email	bkennedy@homexperts.net

I am the:

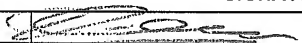
- ☒ Applicant/Inventor.

OR

- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	Sep 9, 2008
Name	Jose Villena	Telephone	+1 (305) 351-8646
Title and Company	CTO HOMEXPERTS, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

- ☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<input checked="" type="checkbox"/> Firm or Individual Name	Homexperts, Attn: William Kennedy		
Address	10700 N Kendall Dr., Suite 401		
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I am the:

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SIGNATURE of Applicant or Assignee of Record			
Signature	<i>Mario Villena</i>	Date	Sep 9, 2008
Name	Mario Villena	Telephone	+1 (305) 351-8646
Title and Company	VP Mktg. HOMEXPERTS, INC.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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